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APPLICANTS

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** CONTINUING DATA *****

This application is a DIV of 09/763,831 07/11/2001 PAT 6,733,778
 which is a 371 of PCT/US99/19847 08/27/1999 *S T*
 which is a CIP of 09/143,167 08/28/1998 PAT 6,174,548

** FOREIGN APPLICATIONS ***** *None*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 03/04/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	<i>SA</i>	FL	0	6	1
	Examiner's Signature	Initials			

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TITLE

Omeprazole formulation

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FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT